AMENDED Part 1888						/ISION OF HEALTH - STANI		OF DEATH 26910	2000	62-007	704	
PART OF DEATH	•		AMEND	ED	ŀ	Registration District No. 7 1907 Q	time y Registration District No.		540U			
TOWN ST. JOHES MO. 17 DATS 17 DATS 17 DATS 17 DATS 18 TOWN ALTON Ves Q No. 18 LINDIN ALTON Ves Q No. 19 LINDIN ALTON Ves Q No. 10 L					1	PLACE OF DEATH COUNTY		a. STATE ILLINOIS	b. COUNTY			
NOSPITAL COR INTO INTERPRET Note No.		ENC	1		ł	OR '		G COR		l l	side Limits	
VAH ST. TOUIS, MO. T. Morried M. Model Lest 4. DATE Month Day Year DEATH Cryps or print) DOSEPH F. ASH DATE OF DEATH P. AGE (last birthday) T. Month Day Year DEATH P. AGE (last birthday) T. Month Day Year DEATH P. AGE (last birthday) T. Month Day Year DEATH P. AGE (last birthday) T. Month Day Year DEATH P. AGE (last birthday) T. Month Day Year DEATH P. AGE (last birthday) T. Month Day Year DEATH P. AGE (last birthday) T. Month Day Year DEATH P. AGE (last birthday) T. Month Day Year DEATH P. AGE (last birthday) T. Month Day T. Month Death		¥			ı	ST. LOUIS MO	17 DAYS					
3. NAME OF DEEASED OF PAIN O	10	ATE			ł	HOSPITAL OR INSTITUTION TRAFF CM TO	Yes No	_ ADDRESS			No G	
Second S	<u>/</u> X	P		\vdash	ı		1 = 7 - 1 - 1			h Day	Yeer	
S. SEX 6. COLOR OR RACE 7. Married Null MITTE 10. USUAL OCCUPATION (Give kind of work done) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTY 13. MOTHER'S MADEEN NAME 13. MOTHER'S MADEEN NAME 14. NAME OF HUSBAND OR WIFE WILLIAM ASH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED by: 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED by: 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED by: 19. WHICH ARE WILLIAM SH. 19. WAS AULOPSY TO A COUNTY 10. SOCIAL SECURITY NO. 11. BIRTHALE (CITY and state or country) 12. INTERVAL BETW (NOSET AND DE PART II. OF MADEEN CAUSE (a)) 12. WHICH AT WORK I. DUE TO (b) 13. MOTHER'S MADEEN NO. 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (Enter only) 19. WAS AULOPSY TO BE A COUNTRIBUTIONS CONTRIBUTING TO DEATH but not related to the terminal but of the service of Injury in PART I or	_	ŀ			ı	(Type or print)		· · · · · · · · · · · · · · · · · · ·	OF		100.	
WATER WATER WATER OF HUSBAND OR WHAT COUNTY 10. USUAL OCCUPATION (Give kind ef work done during most of working life, even if retired) 13. MATER WAS DECEASED EVER IN U.S. ARMED FORCES? 13. MOTHER'S MADER NAME 13. MOTHER'S MADER NAME 13. MOTHER'S MADER NAME 13. MOTHER'S MADERNAME 14. NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF BATER (Grow only one cause part line for part 1. DEATH WAS CAUSED BY: 19. WAS MADERNAME (A) 19. Conditions, if any, DUE TO (b) shower cause (a), lying cause fast: 19. PRE UMON IA AND PULMONARY EMPHYSEMA 19. PRE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal diseases condition given in PART I (s) 19. WAS AUTOPSY 20. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in PART I or PART II of item 18.) 20. INJURY OCCURRED As M. DECEASED TO THE CONTRIBUTION OF COUNTY STAMPS AND					ı		A A A A A A A A A A A A A A A A A A A	8. DATE OF BIRTH 9. A	GE (last birthday)	IF UNDER I YEAR IF	UNDER 24 HR	
DUE TO (b) WHILLIAM ASH 13. AAIDER SMANE WILLIAM ASH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. WHILLIAM ASH 17. INFORMANT Address WHILLIAM ASH 18. CAUSE OF DEATH WAS CAUSED BY: PART II. DEATH WAS CAUSED BY: PREUMONIA AND PULMONARY EMPHYSEMA Conditions, if any, which gave rise to above cause [a], intering the under library cause [a],					ı	MALE WHITE	<u> </u>	- 4/13/89	7 2	Months Days Ho	ours Min.	
THE STATE ST	_ 				ı		106. KIND OF BUSINESS OR INDU	STRY 11." BIRTHPLACE (City and	state or country)	12. CITIZEN OF WHA	T COUNTRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, play war or dates of service of the color of	┪┋	1	ነነ	1 1	١	BRICK LAYER	135 MOTHER'S MAIDEN A	ALTON, ILL.	I IA NAME OF HI	U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, play war or dates of service of the color of	- ;		-		I							
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DETAIL OF HOUR MONTH, Day, Year INJURY OCCURRED HOW INJURY OCCURRE	1	QF.		1	į ľ	18. CAUSE OF DEATH (Enter only one cause part I. DEATH WAS CAUSED B	av.			INTERV. ONSET	AL BETWEEN AND DEATH	
DETAIL OF HOUR MONTH, Day, Year INJURY OCCURRED HOW INJURY OCCURRE	- 윷			I WE	Š	IMMEDIATE CAUSE	(a) PNEUMONIA AND	PULMONARY EMPHYS	EMA			
DETAIL OF HOUR MONTH, Day, Year INJURY OCCURRED HOW INJURY OCCURRE	<u>-</u> [일	AD.			3		PHI MONARY FIRE	0515				
DUE TO (c) DRUNCUGENTE CARCINOMA PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 70 meters of injury in PART III. If decessed was female there a pregnancy in last 70 meters of injury in PART III. If decessed was female there a pregnancy in last 70 meters of injury in PART III. If decessed was female there a pregnancy in last 70 meters of injury in PART III. If decessed was female there a pregnancy in last 70 meters of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? PERFORMED? WAS AUTOPSY PERFORMED? PERFORME		STE		ן ו	1	which gave rise to	(b) FORMONANT TIDIN		٠			
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THE ST. SUCCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) Yes	38				ŀ	·	CONDITIONS CONTRIBUTING TO D		rminal PART III		female was	
20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY OCCURRED STAMPHILE AT WORK Tarm, factory, street, office bidg., etc.) 21VA attended the deceased from 2/5/62 no on the date stated above, and to the best of my knowledge, from the causes stated. 22s. SIGNATURE FLOYD E. BLOOM 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STAMPHILE AT WORK DECEMBERS 22b. ADDRESS 22c. DATE STAMPHILE AT WORK DECEMBERS 22c. DATE STAMPHILE AT WORK DECEMBERS 22c. DATE STAMPHILE AT WORK DECEMBERS 22d. ADDRESS 22d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) 32d. LOCATION (City, town, or county) 32d. LOCATION (City, town, or county) 32d. LOCATION (City, town, or county) 440 450 460 460 460 460 460 460	`NI				ı	disease condition gives	TIN PAKET (a)				Unknown	
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Death occurred et	Š						ן ם ן					
Death occurred et	1			'	ı	20c. TIME OF Hour Month, Day, Year INJURY a.m.						
WHILE AT WORK farm, factory, street, office bidg., etc.) NOT WHILE AT WORK farm, factory, street, office bidg., etc.) NOT WHILE AT WORK farm, factory, street, office bidg., etc.) 2 NA attended the deceased from 2/5/62 , to 2/22/62 and last saw hill farm factory in the causes stated. Death occurred at 7130 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Degree 1/2 Degree					ı	₹	TE OF IMPROVAGE TO SEE SHOWS BEING	TOWN CITY TOWN OR LOCAL	TION .	COURTY	- CTATE	
Death occurred et 130 AeFle m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE FLOYD E. BLOOM 22c. DATE S FLOYD E. BLOOM 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 3d. LOCATION (City, town, or county) BORIAL, CREMATION, 2/24/62 VALHALLA. GODFRE-/ TLLingis.					ı	WHILE AT WORK 100 10	, factory, street, office bldg., etc.)	, 20. CIT, TOWN, OR LOCAL	1014		SIAIE	
Death occurred et 130 AeFle m on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE FLOYD E. BLOOM 22c. DATE S FLOYD E. BLOOM 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 3d. LOCATION (City, town, or county) BORIAL, CREMATION, 2/24/62 VALHALLA. GODFRE-/ TLLingis.		EAI			ı	21VA attended the deceased from 2	<u>'5/62, 102</u>	/22/62 and last se	aw him slive on	2/22/62		
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23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) CONTROL DATE 23d. BURIAL, CREMATION, 23b. DATE CONTROL DATE 23d. LOCATION (City, town, or county) CONTROL DATE 23d. LOCATION (City, town, or county) CONTROL DATE CONTRO		ō		L C	5	22a. SIGNATURE	77012 no	22b. ADDRESS		22c.	DATE SIGNED	
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town, or county) (State) BORIAL CREMATION, 23b. DATE BORIAL CREMATION, 23b. DATE COPPRE / Tilinois. 24. FUNEAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 22CREGISTEAR'S SENATURE.		ş			[COULAND.	VAH, ST. LOU	IS MO.	2	/22/62	
Z JUNEAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 200 REGISTRAY'S SUBNATURE		Ö			3	REMOVAL (Specify)	•			or county) ((3:816)	
		EM N		A EF	Ę				REGISTIAR'S SH	NATURE .		
E Cousin Living alter 24 EED 26 1962 Can Smith. M.D.		ΙĒ		2	5	Course Luis.	alter 211 ce	₽ 26 1062 V	Garl An	ulh. 11.1	7 e	

STATEMENT BY LICENSED EMBALMER

S/:/>

or by	, Student Embalmer No
vorking under my personal supervision.	Signed O.Carson Zum
Signature of Student Embalmer	
	Licensed Embalmer No <i>5796</i>
	P. O. Address attors 911

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

: 7